Not yet known/. APPLICATION(37 CFR 1.63) Application Number Herewith □ Declaration Filing Date **⊠**Declaration Submitted after Initial Submitted OR Not yet known Filing (surcharge Group Art Unit With Initial (37 CFR 1.16 (e)) Filing Examiner Name Not yet known required) As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original; first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SYSTEMS AND METHODS FOR AUTOMATICALLY COLLECTING, FORMATTING, AND STORING MEDICAL DEVICE DATA IN A DATABASE (Title of the invention) the specification of which is attached hereto OR BE United States Application Number or PCT International was flied on (MWDDYYYY) (if applicable). and was amended on (MM/DDYYYY) Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT specifically referred to above. International filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 385(b) of any foreign application(s) for patent, inventor's or plant I nereby certificate(s), or \$65(a) of any PCT international application which designated at least one country-other than the United breeder's rights certificate(s), or \$65(a) of any PCT international application which designated at least one country-other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventors or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is Certified Copy Attached? cialmed. Priority Foreign Filing Date Prior Foreign Application Number(9) Not Claimed (MINIDOLYYYY) COUNTRY YES Country I hereby appoint the Faegre & Benson LLP attorneys and agents essociated with <u>Customer Number 25764</u> to prosecute the patent application Identified above and to transact all business in the Petent and Trademark Office connected

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COMPLETE IF KNOWN

James A. ESLER et al.

Attorney Docket Number

First Named Inventor

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therewith, including full power of association, substitution, and revocation.

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COMBINED DECLARATION AND

POWER OF ATTORNEY FOR

UTILITY ORDESIGNPATENT

DECLARATION - Utility or Design Patent Application Correspondance address below 25764 Direct all correspondence to: Customer Number or Bar Code Label Faegre & Benson LLC 2200 Wells Fargo Center, 90 South Seventh Street 55402-3901 MN Minneapolis ZIP State City 612.766-1600 612,766,7000 **United States** Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and builted are I number declare that an electronic made increase or my own electronic declared to be true; and further that these electronics were made with the knowledge that willful false statements and the like so made are purishable by fine or impresentant, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Family Name - ESLER James A: Given Name or Surname (first and middle (if any)) 26 Feb inventor's Signature บร US MN Coon Rapids Citizenship Country Residence: City 10916 Flora St. NW Mailing Address US 55433 MN Coon Rapids Country State A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Family Name FEARS Richard Given Name or Surname (first and middle [if any] Date du Inventor's Signature บร us MN Moundsview Citizenship Country State Residence: City 8322 Knollwood Drive Mailing Address US 55112 MN Moundsview Country State City

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			and inventor	
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